

Symbol	Description
<input type="radio"/>	Respondents may choose one answer from the list of answer choices with this symbol.
<input type="text"/>	A dropdown list of answer choices and ask people to choose one answer. This is used to save space for questions with a long list of options.
<input type="checkbox"/>	Respondents may choose multiple answers from the list of answer choices with this symbol.
⇒	In this document this symbol is used to denote page and question logic.
<input type="text"/>	Open text response answer boxes.
*	Used to denote questions that are required to be answered by the respondent for progression to the next page.


Page 1		
Q1. *	<p>Consent Form</p> <p>The purpose of this research project is to improve cycling safety in the Republic of Ireland. This is a research project funded by the Road Safety Authority (RSA), being conducted by Trinity College Dublin. You are invited to participate in this research project because you are a cyclist. Your participation in this research study is voluntary, so you may choose not to participate. The procedure involves filling an online survey that will take approximately 10 to 20 minutes. Your responses will be confidential, if you would like to be contacted to provide further information you may provide your email address when prompted. If you would like to be entered in the prize draw you will need to provide an email address to be contacted. Neither your name, nor your IP address will be recorded during in the survey. All data is stored in a password protected electronic format. To help protect your confidentiality, the surveys will not contain any required fields that will personally identify you. If you have any questions about the research study, please contact cyclistsurvey@gmail.com. This research has been reviewed for Ethical Approval from the Trinity College Dublin Faculty of Health Science Ethics Committee.</p> <p>ELECTRONIC CONSENT: Please select your choice below.</p> <p>Clicking on the "agree" button below indicates that:</p> <ul style="list-style-type: none"> you have read the above information you voluntarily agree to participate you are at least 18 years of age <p>If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" button.</p>	
A1.	<input type="radio"/> Agree	⇒ Page 2
	<input type="radio"/> Disagree	⇒ Disqualified

Page 2		
Q1.	How did you come across this survey?	
A1.	<input type="radio"/> Outdoor Revolution Show <input type="radio"/> An information leaflet/card <input type="radio"/> Email from employer – Other <input type="radio"/> Triathlon Ireland Newsletter/Website <input type="radio"/> Email from Trinity College Dublin <input type="radio"/> Email from Mary Immaculate College <input type="radio"/> Social Media <input type="radio"/> AIB Intranet / Email from AIB <input type="radio"/> Cycling Ireland Newsletter/Website <input type="radio"/> Irish cycling Advocacy network Newsletter/Website <input type="radio"/> Email from Athlone Institute of Technology	
	Please specify <input style="width: 150px;" type="text"/>	
Q2. *	<p>Have you been in a cycling collision on a road in the Republic of Ireland since January 1st 2013?</p> <p>A collision is defined as an unintentional contact between the cyclist and his/her bicycle with another vehicle, person or animal or objects such as the road, a wall, a lamppost etc.</p>	
A2.	<input type="radio"/> Yes	⇒ Page 5
	<input type="radio"/> No	⇒ Page 3

Page 3		
Q1. *	Have you ridden a bicycle on a public road in the last 12 months?	
A1.	<input type="radio"/> Yes	⇒ Page 4
	<input type="radio"/> No	⇒ Disqualified

Q1.	Have you been involved in any of these 'near miss' incidents in the past 6 months? If so, how scary were they?	
	Note: A 'near miss' is defined as an incident where no collision occurred, but there was a danger of one occurring	
	<ol style="list-style-type: none"> 1. Pedestrian stepping out into your path 2. A pothole or road debris in your path 3. A left-turning vehicle driving across your path 4. A vehicle pulling out of a driveway or entering at a junction across your path 5. Another cyclist turning into your path 6. A vehicle blocking the Advanced Stop Line at traffic lights intended for only cyclists 7. A bus crossing your path to enter a bus stop in a shared bicycle and bus lane 8. A stopped or parked vehicle in your path 9. An occupant of a stopped or parked vehicle opening a door in your path 10. A car passing you too closely 11. A van passing you too closely 12. A bus passing you too closely 13. A goods vehicle passing you too closely 14. A cyclist passing you too closely 15. Bicycle wheel caught in Luas tracks 16. Bicycle wheel sliding on Luas tracks 17. Bicycle wheel slipping on manhole 18. Bicycle wheel slipping on road markings 	
A1.	<input type="checkbox"/> Yes/No	<ol style="list-style-type: none"> a) Yes b) No
	<input type="checkbox"/> How scary was it?	<ol style="list-style-type: none"> a) Not at all scary b) Slightly scary c) Very scary
	Other (please specify) <input type="text"/>	
Q2.	How long have you been riding bicycles on public roads?	
A2.	<input type="checkbox"/>	<ol style="list-style-type: none"> a) Less than 1 year b) 1 - 2 years c) 3 - 4 years d) 5 - 10 years e) 10 - 20 years f) 20+ years
Q3.	Approximately, how many trips by bicycle do you take in an average week for commuting, work, or social purposes?	
	<ol style="list-style-type: none"> 1. Commuting to work 2. Commuting to school/college 3. Work purposes 4. Social 5. Utility purposes eg. shopping 6. Dropping a child to school/creche 	
A3.	<input type="checkbox"/> Weekdays	1 to 50
	<input type="checkbox"/> Weekends	
	<input type="checkbox"/> How long does an average trip take?	<ol style="list-style-type: none"> a) Less than 10 mins b) 10 - 20 mins c) 20 - 30 mins d) 30 - 40 mins e) 40 - 50 mins f) 50 mins - 1 hrs g) 1 hrs - 1 hrs 10 mins h) 1 hrs 10 mins - 1 hrs 20 mins i) 1 hrs 20 mins - 1 hrs 30 mins j) 1 hrs 30 mins - 1 hrs 40 mins k) 1 hrs 40 mins - 1 hrs 50 mins l) 1 hrs 50 mins - 2 hrs





		m) 2 hrs - 2 hrs 10 mins n) 2 hrs 10 mins - 2 hrs 20 mins o) 2 hrs 20 mins - 2 hrs 30 mins p) 2 hrs 30 mins - 2 hrs 40 mins q) 2 hrs 40 mins - 2 hrs 50 mins r) 2 hrs 50 mins - 3 hrs s) Greater than 3 hrs
Q4.	Approximately, how many trips by bicycle do you take in an average week for commuting, work, or social purposes?	
	1. Leisure 2. Racing	
A4.	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends	1 to 50
	<input type="checkbox"/> How long does an average trip take?	t) Less than 10 mins u) 10 - 20 mins v) 20 - 30 mins w) 30 - 40 mins x) 40 - 50 mins y) 50 mins - 1 hrs z) 1 hrs - 1 hrs 10 mins aa) 1 hrs 10 mins - 1 hrs 20 mins bb) 1 hrs 20 mins - 1 hrs 30 mins cc) 1 hrs 30 mins - 1 hrs 40 mins dd) 1 hrs 40 mins - 1 hrs 50 mins ee) 1 hrs 50 mins - 2 hrs ff) 2 hrs - 2 hrs 10 mins gg) 2 hrs 10 mins - 2 hrs 20 mins hh) 2 hrs 20 mins - 2 hrs 30 mins ii) 2 hrs 30 mins - 2 hrs 40 mins jj) 2 hrs 40 mins - 2 hrs 50 mins kk) 2 hrs 50 mins - 3 hrs ll) Greater than 3 hrs
Q5.	In what county do you do most of your cycling?	
A5.	<input type="checkbox"/>	a) Antrim b) Armagh c) Carlow d) Cavan e) Clare f) Cork g) Donegal h) Down i) Dublin j) Fermanagh k) Galway l) Kerry m) Kildare n) Kilkenny o) Laois p) Leitrim q) Limerick r) Londonderry s) Longford t) Louth u) Mayo v) Meath w) Monaghan x) Offaly y) Roscommon z) Sligo aa) Tipperary bb) Tyrone


		cc) Waterford dd) Westmeath ee) Wexford ff) Wicklow
Q6.	How often, if at all, are the following checked on your bicycle (either by you or someone else)?	
	1. Check tire pressure. 2. Check if brake pads are worn and need replacement. 3. Squeeze brakes to make sure they're grabbing the rim of the wheel. 4. Spin wheels to check for wobbles. 5. Check the wheels for loose/missing spokes. 6. Full service/maintenance.	
A6.		a) Before every journey b) At least once a week c) At least once every 2 weeks d) At least once a month e) At least once every 3 months f) At least once every 6 months g) At least once a year h) Less often i) Never
Q7.	When getting a full service of your bicycle do you usually?	
A7.		a) Carry this out yourself? b) Have it serviced by a mechanic?
	<input type="text"/>	Other (please specify)
Q8.	When riding, how often do you..	
	1. Wear a helmet. 2. Wear a high visibility top. 3. Wear bright/fluorescent strips/patches on your clothing. 4. Wear a helmet mounted light. 5. Use a front bicycle light. 6. Use a rear bicycle light.	
A8.	 In the daylight  In the dark	a) Never b) Hardly ever c) Occasionally d) Frequently e) All the time
Q9.	Would you agree or disagree that the following factors of cycling are appealing?	
	1. The physical health benefits 2. The mental health benefits 3. The environmental benefits 4. The reduction in travel time 5. The low-cost nature of cycling	
A9.	 Agree/Disagree	a) Strongly Agree b) Agree c) Neither Agree nor Disagree d) Disagree e) Strongly Disagree
Q10.	Would you agree or disagree that the following factors of cycling are unappealing or discouraging?	
	1. Safety concerns 2. Sharing space with pedestrians 3. Sharing space with other cyclists 4. Sharing space with cars 5. Sharing space with vans 6. Sharing space with buses 7. Sharing space with taxis 8. Sharing space with goods vehicles 9. The weather 10. Lack of secure spaces to lock bicycle 11. Road surface 12. The physical effort involved	

A10.	<input type="checkbox"/> Agree/Disagree	a) Strongly Agree b) Agree c) Neither Agree nor Disagree d) Disagree e) Strongly Disagree
Q11.	Do you also own and drive a motorized vehicle?	
A11.	<input type="radio"/> Yes <input type="radio"/> No If yes, how many kilometres have you driven on the roads in the last 12 months? If you're not sure please estimate. <input type="text"/>	
Q12.	Bicycle helmet fitting	
	1. Do you know how tight/snug your helmet should be on your head? 2. Do you know where on your head the Y-straps should be if your helmet is fitted correctly? 3. Do you know how far forwards/backwards your helmet should be for it to be most effective?	
A12.	<input type="checkbox"/> Yes/No	a) Yes b) No
Q13.	What is your sex?	
A13.	<input type="radio"/> Male <input type="radio"/> Female	
Q14.	What age are you?	
A14.	<input type="text"/>	
Q15.	Have you engaged in any of the following while riding a bicycle in the last 12 months? (Please be assured your response is confidential)	
	1. Cycling without reasonable consideration (reckless cycling) 2. No front light or rear light lit while riding in the dark. 3. Cycling in a pedestrianized street or area, during the period indicated on the information plate. 4. Breaking a red light. 5. Failing to stop for a School Warden sign. 6. Breaking a railway level crossing, swing bridge or lifting bridge, when the red lights are flashing.	
A15.	<input type="checkbox"/> Yes/No	a) Yes b) No
	<input type="checkbox"/> If so, were you caught by the Gardaí?	a) Yes b) No
	<input type="text"/>	If you have engaged in any of them, was there a reason?
Q16.	Alcohol (Please be assured your response is confidential)	
	In the last 12 months have you ridden a bicycle after consuming ANY alcoholic drink?	
A16.	<input type="checkbox"/> No/Yes (how much?)	a) No b) Less than 1 drink c) 1 drink d) 2 drinks e) 3 drinks f) 4 drinks g) 5 drinks h) 6 or more drinks i) Don't know
Q17.	Have you ever been asked to take an alcohol test while cycling?	
A17.	<input type="radio"/> Yes <input type="radio"/> No	
Q18.	How much do you agree or disagree with the following statements?	
	1. You can drink and cycle if you ride carefully. 2. Most of my cyclist friends would ride a bicycle after having a drink. 3. Drinking and riding a bicycle substantially increases the risk of a collision.	
A18.	<input type="checkbox"/> Agree/Disagree	a) Strongly Agree b) Agree c) Neither Agree nor Disagree d) Disagree e) Strongly Disagree

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If you have been in more than one collision in the specified period, please enter details on your most recent collision.


Q1.	Are you willing to be contacted to help clarify details of your collision? If yes, please enter your email address below.	
A1.	Email address: <input type="text"/>	
Q2.	When did your collision occur?	
A2.	<input type="radio"/> Weekday (Monday - Friday) <input type="radio"/> Weekend (Saturday & Sunday)	
Q3.	In what year did the collision occur?	
A3.		a) 2018 b) 2017 c) 2016 d) 2015 e) 2014 f) 2013
Q4.	In what month did the collision occur?	
A4.		a) January b) February c) March d) April e) May f) June g) July h) August i) September j) October k) November l) December
Q5.	On what day did the collision occur?	
A5.		a) Monday b) Tuesday c) Wednesday d) Thursday e) Friday f) Saturday g) Sunday
Q6.	At what approximate time did the collision occur?	
A6.		a) 00:00 - 01:00 b) 01:00 - 02:00 c) 02:00 - 03:00 d) 03:00 - 04:00 e) 04:00 - 05:00 f) 05:00 - 06:00 g) 06:00 - 07:00 h) 07:00 - 08:00 i) 08:00 - 09:00 j) 09:00 - 10:00 k) 10:00 - 11:00 l) 11:00 - 12:00 m) 12:00 - 13:00 n) 13:00 - 14:00 o) 14:00 - 15:00 p) 15:00 - 16:00 q) 16:00 - 17:00 r) 17:00 - 18:00 s) 18:00 - 19:00 t) 19:00 - 20:00 u) 20:00 - 21:00 v) 21:00 - 22:00 w) 22:00 - 23:00

		x) 23:00 - 00:00
Q7.	In what county did the collision occur?	
A7.		a) Antrim b) Armagh c) Carlow d) Cavan e) Clare f) Cork g) Donegal h) Down i) Dublin j) Fermanagh k) Galway l) Kerry m) Kildare n) Kilkenney o) Laois p) Leitrim q) Limerick r) Londonderry s) Longford t) Louth u) Mayo v) Meath w) Monaghan x) Offaly y) Roscommon z) Sligo aa) Tipperary bb) Tyrone cc) Waterford dd) Westmeath ee) Wexford ff) Wicklow
Q8.	Please enter the address and description of the location where the collision occurred. (including town/city/area, and road name)	
A8.	<input type="text"/>	
Q9.	Do you consider it to have occurred on an urban/town road or a rural road?	
A9.	<input type="radio"/> Urban <input type="radio"/> Rural	
Q10.	What was the speed limit on the road?	
A10.	<input type="radio"/> Unknown <input type="radio"/> 30 km/h <input type="radio"/> 50 km/h <input type="radio"/> 60 km/h <input type="radio"/> 80 km/h <input type="radio"/> 100 km/h <input type="radio"/> 120 km/h	
Q11.	What type of road did the collision occur on?	
A11.	<input type="radio"/> One-way <input type="radio"/> Two-way <input type="radio"/> Dual Carriageway <input type="radio"/> Greenway <input type="radio"/> Housing Estate <input type="radio"/> Private road <input type="radio"/> Cyclist-Pedestrian mixed area <input type="radio"/> Footpath/Pedestrianized zone	
	Please specify <input type="text"/>	

Q12.	Please describe the road configuration at the location where the collision took place. (select multiple if required)
A12.	<input type="checkbox"/> Straight road <input type="checkbox"/> Bending road <input type="checkbox"/> Sharp turns <input type="checkbox"/> T-junction <input type="checkbox"/> Crossroads <input type="checkbox"/> Roundabout <input type="checkbox"/> Y-junction <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Downhill <input type="checkbox"/> Flat road Others (please specify them) <input type="text"/>
Q13.	What kind of cycling facility was available?
A13.	<input type="radio"/> No dedicated cycling facility <input type="radio"/> Dedicated cycle lane <input type="radio"/> Combined cycle & bus lane <input type="radio"/> Contraflow cycle lane <input type="radio"/> Segregated cycle lane Other (please specify) <input type="text"/>
Q14.	If available were you using the cycling facility?
A14.	<input type="radio"/> Yes <input type="radio"/> No Please specify why/why not <input type="text"/>
Q15.	What were the weather conditions like? (select multiple if required)
A15.	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Frost/ice <input type="checkbox"/> Snow <input type="checkbox"/> Fog/mist <input type="checkbox"/> High winds Other (please specify) <input type="text"/>
Q16.	What were the light conditions at the time of the collision?
A16.	<input type="radio"/> Daylight, good visibility <input type="radio"/> Daylight, poor visibility <input type="radio"/> Dusk <input type="radio"/> Dark, road well-lit by street lighting <input type="radio"/> Dark, road poorly-lit by street lighting <input type="radio"/> Dark, no street lighting Other (please specify) <input type="text"/>
Q17.	What were the road conditions like? (select multiple if required)
A17.	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Frost/ice <input type="checkbox"/> Snow <input type="checkbox"/> Oil <input type="checkbox"/> Gravel Other (please specify) <input type="text"/>
Q18.	How was the traffic?
A18.	<input type="radio"/> None <input type="radio"/> Light <input type="radio"/> Moderate


	<input type="radio"/> Heavy	
Q19.	What was the purpose of your trip?	
A19.	<input type="checkbox"/>	a) Leisure b) Commuting to work c) Commuting to school/college d) Social e) Racing f) Work purposes
	Please specify <input type="text"/>	
Q20.	What type of bicycle were you using?	
A20.	<input type="checkbox"/>	a) Hybrid bicycle b) Dutch bicycle c) City bicycle scheme bicycle d) Road bicycle e) TT bicycle f) Single speed bicycle (with freewheel) g) Fixed gear (no freewheel) h) Rickshaw i) Mountain bicycle j) Tandem bicycle k) Cargo bicycle
	Make & model? <input type="text"/>	
Q21.	Were you a cyclist or were you a passenger on the bicycle?	
A21.	<input type="radio"/> Cyclist <input type="radio"/> Passenger	
Q22.	Were you familiar with the location where the collision occurred?	
A22.	<input type="radio"/> Yes <input type="radio"/> No	
Q23.	What estimate speed were you travelling at?	
A23.	<input type="checkbox"/>	a) Stationary b) 0-10 km/h c) 10-20 km/h d) 20-30 km/h e) 30-40 km/h f) 40-50 km/h g) 50-60 km/h h) 60-70 km/h i) 70-80 km/h
Q24.	Were you wearing a helmet?	
A24.	<input type="radio"/> Yes <input type="radio"/> No	
Q25.	Were you wearing any high visibility clothing?	
A25.	<input type="checkbox"/> Vest <input type="checkbox"/> Jacket <input type="checkbox"/> T-shirt <input type="checkbox"/> Trousers/shorts <input type="checkbox"/> Armband <input type="checkbox"/> Drawstring bag <input type="checkbox"/> Rucksack cover <input type="checkbox"/> Belt <input type="checkbox"/> Helmet mounted light <input type="checkbox"/> High visibility helmet <input type="checkbox"/> None	
Q26.	Were you using bicycle lights?	
A26.	<input type="radio"/> None <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Both front and rear	




Q27.	Were you using earphones?	
A27.	<input type="radio"/> Yes <input type="radio"/> No	
Q28.	Were you using a mobile phone?	
A28.	<input type="radio"/> No <input type="radio"/> In-hand <input type="radio"/> to ear	
Q29.	Were you under the influence of alcohol at the time? (please be assured that your response is confidential)	
A29.	<input type="radio"/> Yes <input type="radio"/> No	
Q30.	Your actions leading up to the collision (select all options that apply to you)	
A30.	<input type="checkbox"/> Mounting <input type="checkbox"/> Dismounting <input type="checkbox"/> Cycling forward <input type="checkbox"/> Braking <input type="checkbox"/> Accelerating <input type="checkbox"/> Exiting/entering driveway/entrance <input type="checkbox"/> Attempting to overtake <input type="checkbox"/> Turning right <input type="checkbox"/> Turning left <input type="checkbox"/> Changing lanes <input type="checkbox"/> Taking avoidance action <input type="checkbox"/> Cycled through stop/yield <input type="checkbox"/> Cycling against the flow of traffic <input type="checkbox"/> Went to wrong side of road <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Cycled through traffic signal <input type="checkbox"/> Failed to signal <input type="checkbox"/> Lost control of bicycle <input type="checkbox"/> Crossing luas lines <input type="checkbox"/> Cycling in the dark with no illumination <input type="checkbox"/> Cycling on the footpath Other (please specify) <input type="text"/>	
Q31.	Reporting to the Gardaí	
	1. Did the Gardaí attend the scene? 2. If not, did you subsequently report the collision to the Gardaí?	
A31.	<input type="checkbox"/>	a) Yes b) No
Q32.	What is your sex?	
A32.	<input type="radio"/> Male <input type="radio"/> Female	
Q33.	What age are you?	
A33.	<input type="text"/>	
Q34.	What height are you?	
A34.	<input type="checkbox"/>	a) 4' 0" (122cm) b) 4' 1" (124cm) c) 4' 2" (127cm) d) 4' 3" (130cm) e) 4' 4" (132cm) f) 4' 5" (135cm) g) 4' 6" (137cm) h) 4' 7" (140cm) i) 4' 8" (142cm) j) 4' 9" (145cm) k) 4' 10" (147cm) l) 4' 11" (150cm)

		m) 5' 0" (152cm) n) 5' 1" (155cm) o) 5' 2" (157cm) p) 5' 3" (160cm) q) 5' 4" (163cm) r) 5' 5" (165cm) s) 5' 6" (168cm) t) 5' 7" (170cm) u) 5' 8" (173cm) v) 5' 9" (175cm) w) 5' 10" (178cm) x) 5' 11" (180cm) y) 6' 0" (183cm) z) 6' 1" (185cm) aa) 6' 2" (188cm) bb) 6' 3" (190cm) cc) 6' 4" (193cm) dd) 6' 5" (196cm) ee) 6' 6" (198cm) ff) 6' 7" (201cm) gg) 6' 8" (203cm)
Q35.	What approximate weight were you?	
A35.		a) 8st 0lb (51kg) b) 8st 5lb (53kg) c) 8st 10lb (55kg) d) 9st 0lb (57kg) e) 9st 4lb (59kg) f) 9st 9lb (61kg) g) 9st 13lb (63kg) h) 10st 3lb (65kg) i) 10st 8lb (67kg) j) 10st 12lb (69kg) k) 11st 2lb (71kg) l) 11st 7lb (73kg) m) 11st 11lb (75kg) n) 12st 2lb (77kg) o) 12st 6lb (79kg) p) 12st 11lb (81kg) q) 13st 1lb (83kg) r) 13st 5lb (85kg) s) 13st 10lb (87kg) t) 14st 0lb (89kg) u) 14st 5lb (91kg) v) 14st 9lb (93kg) w) 14st 13lb (95kg) x) 15st 4lb (97kg) y) 15st 8lb (99kg) z) 15st 13lb (101kg)
Q36. *	Which of these scenarios describe the vehicles/road users involved in your collision?	
A36.	<input type="radio"/> Single Cyclist Collision	⇒ Page 6
	<input type="radio"/> Cyclist – Pedestrian	⇒ Page 7
	<input type="radio"/> Cyclist – Cyclist	⇒ Page 8
	<input type="radio"/> Cyclist - Motorized Vehicle	⇒ Page 9


Page 6	
Q1.	Did you collide or interact with any of the following? (select more than one if required)
A1.	<input type="checkbox"/> Bollard
	<input type="checkbox"/> Traffic island






	<input type="checkbox"/> Pothole <input type="checkbox"/> Drain <input type="checkbox"/> Manhole <input type="checkbox"/> Parked car <input type="checkbox"/> Parked truck <input type="checkbox"/> Parked trailer/skip <input type="checkbox"/> Pole <input type="checkbox"/> Tree <input type="checkbox"/> Animal <input type="checkbox"/> Wall/gate <input type="checkbox"/> Ditch <input type="checkbox"/> Tram lines (luas) <input type="checkbox"/> Road works railings/cones <input type="checkbox"/> Speed bumps <input type="checkbox"/> Kerb <input type="checkbox"/> Road markings	
	Other (please specify) <input type="text"/>	
Q2.	Please give a description of the collision, and the lead up to it.	
A2.	<input type="text"/>	
Q3.	Who/what do you believe was a cause of this collision? (select more than one if required)	
A3.	<input type="checkbox"/> You <input type="checkbox"/> Road Object <input type="checkbox"/> Road feature <input type="checkbox"/> Lack of adequate Infrastructure <input type="checkbox"/> Weather conditions <input type="checkbox"/> Road surface conditions <input type="checkbox"/> Bicycle mechanical factor	
	Please specify <input type="text"/>	
Q4. *	Were you injured?	
A4.	<input type="radio"/> Yes	⇒ Page 10
	<input type="radio"/> No	⇒ Page 11

Page 7		
Q1.	What sex was the pedestrian?	
A1.	<input type="radio"/> Male <input type="radio"/> Female	
Q2.	What approximate age were they?	
A2.		a) 0 - 4 years old b) 5 - 9 years old c) 10 - 14 years old d) 15 - 19 years old e) 20 - 24 years old f) 25 - 29 years old g) 30 - 34 years old h) 35 - 39 years old i) 40 - 44 years old j) 45 - 49 years old k) 50 - 54 years old l) 55 - 59 years old m) 60 - 64 years old n) 65 - 69 years old o) 70 - 74 years old p) 75 - 79 years old

		q) 80 - 84 years old r) 85 - 89 years old s) 90 - 94 years old t) 95 - 99 years old
Q3.	What approximate height were they?	
A3.		a) Unknown b) 2' 6" (76cm) to 2' 11" (89cm) c) 3' 0" (91cm) to 3' 5" (104cm) d) 3' 6" (107cm) to 3' 11" (119cm) e) 4' 0" (122cm) to 4' 5" (135cm) f) 4' 6" (137cm) to 4' 11" (150cm) g) 5' 0" (152cm) to 5' 5" (165cm) h) 5' 6" (168cm) to 5' 11" (180cm) i) 6' 0" (183cm) to 6' 5" (196cm) j) 6' 6" (198cm) to 6' 11" (211cm) k) 7' 0" (213cm) or more
Q4.	What approximate weight were they?	
A4.		a) Unknown b) Less than 6 stone (38kg) c) 6 stone (38kg) to 7 stone (44kg) d) 7 stone (44kg) to 8 stone (51kg) e) 8 stone (51kg) to 9 stone (57kg) f) 9 stone (57kg) to 10 stone (64kg) g) 10 stone (64kg) to 11 stone (70kg) h) 11 stone (70kg) to 12 stone (76kg) i) 12 stone (76kg) to 13 stone (83kg) j) 13 stone (83kg) to 14 stone (89kg) k) 15 stone (89kg) to 16 stone (102kg) l) 16 stone (102kg) or more
Q5.	Were they wearing any high visibility clothing? (Select more than one if required)	
A5.	<input type="checkbox"/> Vest <input type="checkbox"/> Jacket <input type="checkbox"/> T-shirt <input type="checkbox"/> Trousers/shorts <input type="checkbox"/> Armband <input type="checkbox"/> Drawstring bag <input type="checkbox"/> Rucksack cover <input type="checkbox"/> Belt <input type="checkbox"/> None	
Q6.	Were they familiar with the location where the collision occurred?	
A6.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Q7.	What speed were they travelling at?	
A7.		a) Stationary b) Walking c) Jogging d) Running
Q8.	Were they using earphones?	
A8.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Q9.	Were they using a mobile phone?	
A9.	<input type="radio"/> No <input type="radio"/> In-hand <input type="radio"/> To ear <input type="radio"/> Unknown	
Q10.	Do you believe they were under the influence of alcohol at the time?	
A10.	<input type="radio"/> Yes	

	<input type="radio"/> No <input type="radio"/> Unknown	
Q11.	Pedestrian actions leading up to the collision (select more than one if required)	
A11.	<input type="checkbox"/> Crossing the road masked by parked/stationary vehicles <input type="checkbox"/> Crossing the road at a crossing with the green man showing <input type="checkbox"/> Crossing the road at a crossing with the red man showing <input type="checkbox"/> crossing the road at a zebra crossing <input type="checkbox"/> Walking against traffic <input type="checkbox"/> Playing in roadway <input type="checkbox"/> Walking in the dark with no illumination <input type="checkbox"/> Walking on a cycle lane <input type="checkbox"/> Walking on the footpath <input type="text"/> Other (please specify)	
Q12.	Please give a description of the collision, and the lead up to it.	
A12.	<input type="text"/>	
Q13.	Who/what do you believe was a cause of this collision? (select more than one if required)	
A13.	<input type="checkbox"/> You <input type="checkbox"/> Pedestrian <input type="checkbox"/> Road Object <input type="checkbox"/> Road feature <input type="checkbox"/> Lack of adequate Infrastructure <input type="checkbox"/> Weather conditions <input type="checkbox"/> Road surface conditions <input type="checkbox"/> Bicycle mechanical factor <input type="text"/> Please specify	
Q14. *	Were you injured?	
A14.	<input type="radio"/> Yes <input type="radio"/> No	⇒ Page 10 ⇒ Page 11


Page 8		
Q1.	What sex was the other cyclist?	
A1.	<input type="radio"/> Male <input type="radio"/> Female	
Q2.	What approximate age were they?	
A2.		u) 0 - 4 years old v) 5 - 9 years old w) 10 - 14 years old x) 15 - 19 years old y) 20 - 24 years old z) 25 - 29 years old aa) 30 - 34 years old bb) 35 - 39 years old cc) 40 - 44 years old dd) 45 - 49 years old ee) 50 - 54 years old ff) 55 - 59 years old gg) 60 - 64 years old hh) 65 - 69 years old ii) 70 - 74 years old jj) 75 - 79 years old kk) 80 - 84 years old ll) 85 - 89 years old mm) 90 - 94 years old nn) 95 - 99 years old

Q3.	What approximate height were they?	
A3.		l) Unknown m) 2' 6" (76cm) to 2' 11" (89cm) n) 3' 0" (91cm) to 3' 5" (104cm) o) 3' 6" (107cm) to 3' 11" (119cm) p) 4' 0" (122cm) to 4' 5" (135cm) q) 4' 6" (137cm) to 4' 11" (150cm) r) 5' 0" (152cm) to 5' 5" (165cm) s) 5' 6" (168cm) to 5' 11" (180cm) t) 6' 0" (183cm) to 6' 5" (196cm) u) 6' 6" (198cm) to 6' 11" (211cm) v) 7' 0" (213cm) or more
Q4.	What approximate weight were they?	
A4.		m) Unknown n) Less than 6 stone (38kg) o) 6 stone (38kg) to 7 stone (44kg) p) 7 stone (44kg) to 8 stone (51kg) q) 8 stone (51kg) to 9 stone (57kg) r) 9 stone (57kg) to 10 stone (64kg) s) 10 stone (64kg) to 11 stone (70kg) t) 11 stone (70kg) to 12 stone (76kg) u) 12 stone (76kg) to 13 stone (83kg) v) 13 stone (83kg) to 14 stone (89kg) w) 15 stone (89kg) to 16 stone (102kg) x) 16 stone (102kg) or more
Q5.	What type of bicycle were they using?	
A5.		a) Unknown b) Hybrid bicycle c) Dutch bicycle d) City bicycle scheme e) Road bicycle f) TT bicycle g) Single speed bicycle (with freewheel) h) Fixed gear (no freewheel) i) Rickshaw j) Mountain bicycle k) Tandem bicycle l) Cargo bicycle
	Make & model? <input type="text"/>	
Q6.	What was their trip purpose?	
A6.		a) Unknown b) Leisure c) Commuting to work d) Commuting to school/college e) Social f) Racing g) Work purposes
	Please specify <input type="text"/>	
Q7.	Were they familiar with the location where the collision occurred?	
A7.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Q8.	What estimate speed were they travelling at?	
A8.		a) Stationary b) 0-10 km/h c) 10-20 km/h d) 20-30 km/h e) 30-40 km/h f) 40-50 km/h g) 50-60 km/h h) 60-70 km/h

		i) 70-80 km/h
Q9.	Were they wearing a helmet?	
A9.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Q10.	Were they wearing any high visibility clothing? (Select more than one if required)	
A10.	<input type="checkbox"/> Vest <input type="checkbox"/> Jacket <input type="checkbox"/> T-shirt <input type="checkbox"/> Trousers/shorts <input type="checkbox"/> Armband <input type="checkbox"/> Drawstring bag <input type="checkbox"/> Rucksack cover <input type="checkbox"/> Belt <input type="checkbox"/> Helmet mounted light <input type="checkbox"/> High visibility helmet <input type="checkbox"/> None	
Q11.	Were they using bicycle lights?	
A11.	<input type="radio"/> None <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Both front and rear <input type="radio"/> Unknown	
Q12.	Were they using earphones?	
A12.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Q13.	Were they using a mobile phone?	
A13.	<input type="radio"/> No <input type="radio"/> In-hand <input type="radio"/> To ear <input type="radio"/> Unknown	
Q14.	Do you believe they were under the influence of alcohol at the time?	
A14.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Q15.	Other cyclist's actions leading up to the collision (select all options that apply)	
A15.	<input type="checkbox"/> Mounting <input type="checkbox"/> Dismounting <input type="checkbox"/> Cycling forward <input type="checkbox"/> Braking <input type="checkbox"/> Accelerating <input type="checkbox"/> Exiting/entering driveway/entrance <input type="checkbox"/> Attempting to overtake <input type="checkbox"/> Turning right <input type="checkbox"/> Turning left <input type="checkbox"/> Changing lanes <input type="checkbox"/> Taking avoidance action <input type="checkbox"/> Cycled through stop/yield <input type="checkbox"/> Cycling against the flow of traffic <input type="checkbox"/> Went to wrong side of road <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Cycled through traffic signal <input type="checkbox"/> Failed to signal	

	<input type="checkbox"/> Lost control of bicycle <input type="checkbox"/> Cycling in the dark with no illumination <input type="checkbox"/> Cycling on the footpath Other (please specify) <input type="text"/>	
Q16.	Please give a description of the collision, and the lead up to it.	
A16.	<input type="text"/>	
Q17.	Who/what do you believe was a cause of this collision? (select more than one if required)	
A17.	<input type="checkbox"/> You <input type="checkbox"/> The other cyclist <input type="checkbox"/> Road Object <input type="checkbox"/> Road feature <input type="checkbox"/> Lack of adequate Infrastructure <input type="checkbox"/> Weather conditions <input type="checkbox"/> Road surface conditions <input type="checkbox"/> Bicycle mechanical factor Please specify <input type="text"/>	
Q18. *	Were you injured?	
A18.	<input type="radio"/> Yes	⇒ Page 10
	<input type="radio"/> No	⇒ Page 11

Page 9		
Q1.	What sex was the driver?	
A1.	<input type="radio"/> Male <input type="radio"/> Female	
Q2.	What approximate age were they?	
A2.	<input type="radio"/>	a) 0 - 4 years old b) 5 - 9 years old c) 10 - 14 years old d) 15 - 19 years old e) 20 - 24 years old f) 25 - 29 years old g) 30 - 34 years old h) 35 - 39 years old i) 40 - 44 years old j) 45 - 49 years old k) 50 - 54 years old l) 55 - 59 years old m) 60 - 64 years old n) 65 - 69 years old o) 70 - 74 years old p) 75 - 79 years old q) 80 - 84 years old r) 85 - 89 years old s) 90 - 94 years old t) 95 - 99 years old
Q3.	What type of vehicle were they using?	
A3.	<input type="radio"/>	a) Motorbike b) Motor scooter c) Hatchback d) Sports car e) Sedan/Saloon car f) Sports Utility Vehicle (SUV) / Jeep g) Van h) Bus i) Heavy Goods Vehicle (HGV)

		j) Other Goods Vehicle
	Make, Model & Year?	
Q4.	Were they familiar with the location where the collision occurred?	
A4.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Q5.	What estimate speed were they travelling at?	
A5.		a) Stationary b) 0-10 km/h c) 10-20 km/h d) 20-30 km/h e) 30-40 km/h f) 40-50 km/h g) 50-60 km/h h) 60-70 km/h i) 70-80 km/h j) 80-90 km/h k) 90-100 km/h l) 100-110 km/h m) 110-120 km/h
Q6.	Were they using a mobile phone?	
A6.	<input type="radio"/> No <input type="radio"/> In-hand <input type="radio"/> To ear <input type="radio"/> Unknown	
Q7.	Do you believe they were under the influence of alcohol at the time?	
A7.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Q8.	Vehicle actions leading up to the collision (select more than one if required)	
A8.	<input type="checkbox"/> Stationary <input type="checkbox"/> Driving forward <input type="checkbox"/> Braking <input type="checkbox"/> Accelerating <input type="checkbox"/> Speeding <input type="checkbox"/> Exiting/entering driveway/entrance <input type="checkbox"/> Attempting to overtake <input type="checkbox"/> Turning right <input type="checkbox"/> Turning left <input type="checkbox"/> Changing lanes <input type="checkbox"/> Taking avoidance action <input type="checkbox"/> Drove through stop/yield <input type="checkbox"/> Driving against the flow of traffic <input type="checkbox"/> Went to the wrong side of the road <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Driving through traffic signal <input type="checkbox"/> Failed to signal <input type="checkbox"/> Lost control of vehicle <input type="checkbox"/> Opening door in the path of cyclists Other (please specify) <input type="text"/>	
Q9.	Please give a description of the collision, and the lead up to it.	
A9.	<input type="text"/>	
Q10.	Who/what do you believe was a cause of this collision? (select more than one if required)	
A10.	<input type="checkbox"/> You <input type="checkbox"/> Driver <input type="checkbox"/> Road Object	

	<input type="checkbox"/> Road feature <input type="checkbox"/> Lack of adequate Infrastructure <input type="checkbox"/> Weather conditions <input type="checkbox"/> Road surface conditions <input type="checkbox"/> Bicycle mechanical factor <input type="checkbox"/> Vehicle mechanical factor Please specify <input type="text"/>	
Q11. *	Were you injured?	
A11.	<input type="radio"/> Yes	⇒ Page 10
	<input type="radio"/> No	⇒ Page 11

Page 10		
Q1.	Can you describe in detail the sequence of events of how you fell and came into contact with the object/vehicle and the ground? <i>for example: I was hit from the side by the vehicle, the bumper first came into contact with my right shin, I then came off the bike and my right shoulder and face impacted the windscreen, I then rolled off to the side of the car onto grass at the side of the road.</i>	
A1.	<input type="text"/>	
Q2.	Did you have any direct head impact?	
A2.	<input type="radio"/> Yes <input type="radio"/> No	
	If yes, with what? please describe <input type="text"/>	
Q3.	Did you experience any memory loss of the details surrounding the collision?	
A3.	<input type="radio"/> a) Not at all <input type="radio"/> b) A small degree <input type="radio"/> c) A large degree <input type="radio"/> d) complete memory loss	
Q4.	Injuries sustained to the head	
A4.	<input type="checkbox"/> Concussion <input type="checkbox"/> Bruising <input type="checkbox"/> Cuts <input type="checkbox"/> Fracture <input type="checkbox"/> None	
	Other injury? Please specify. <input type="text"/>	
Q5.	Injuries sustained to the neck	
A5.	<input type="checkbox"/> Whiplash <input type="checkbox"/> Bruising <input type="checkbox"/> Cuts <input type="checkbox"/> Fracture <input type="checkbox"/> None	
	Other injury? Please specify. <input type="text"/>	
Q6.	Injuries sustained to the torso	
A6.	<input type="checkbox"/> Bruising <input type="checkbox"/> Cuts <input type="checkbox"/> Rib fracture <input type="checkbox"/> Spine fracture <input type="checkbox"/> Organ damage <input type="checkbox"/> Internal bleeding <input type="checkbox"/> None	
	Other injury? Please specify. <input type="text"/>	

Q7.	Injuries sustained to the arms	
A7.	<input type="checkbox"/> Bruising <input type="checkbox"/> Cuts <input type="checkbox"/> Upper arm fracture <input type="checkbox"/> Lower arm fracture <input type="checkbox"/> Hand/wrist fracture <input type="checkbox"/> None	
	Other injury? Please specify. <input type="text"/>	
Q8.	Injuries sustained to the legs	
A8.	<input type="checkbox"/> Bruising <input type="checkbox"/> Cuts <input type="checkbox"/> Upper leg fracture <input type="checkbox"/> Lower leg fracture <input type="checkbox"/> Foot/ankle fracture <input type="checkbox"/> None	
	Other injury? Please specify. <input type="text"/>	
Q9.	Total time spent in hospital (including initial and follow up visits)?	
A9.	<input type="checkbox"/> Months <input type="checkbox"/> Days	1 to 30
Q10.	Did you have to take time out of work/school?	
	1. Work 2. School	
A10.	<input type="checkbox"/> Months <input type="checkbox"/> Days	1 to 30
Q11.	Were there any other physical, mental or financial consequences due to the collision?	
A11.	<input type="text"/>	
Q12.*	Was there a passenger on your bicycle?	
A12.	<input type="radio"/> Yes	⇒ Page 12
	<input type="radio"/> No	⇒ Page 14




Page 11		
Q1.*	Was there a passenger on your bicycle?	
A1.	<input type="radio"/> Yes	⇒ Page 12
	<input type="radio"/> No	⇒ Page 14

Page 12		
Q1.	What sex was the passenger?	
A1.	<input type="radio"/> Male <input type="radio"/> Female	
Q2.	What approximate age were they?	
A2.	<input type="checkbox"/>	a) 0 - 4 years old b) 5 - 9 years old c) 10 - 14 years old d) 15 - 19 years old e) 20 - 24 years old f) 25 - 29 years old g) 30 - 34 years old

		h) 35 - 39 years old i) 40 - 44 years old j) 45 - 49 years old k) 50 - 54 years old l) 55 - 59 years old m) 60 - 64 years old n) 65 - 69 years old o) 70 - 74 years old p) 75 - 79 years old q) 80 - 84 years old r) 85 - 89 years old s) 90 - 94 years old t) 95 - 99 years old
Q3.	What approximate height were they?	
A3.	<input type="checkbox"/>	a) Unknown b) 2' 6" (76cm) to 2' 11" (89cm) c) 3' 0" (91cm) to 3' 5" (104cm) d) 3' 6" (107cm) to 3' 11" (119cm) e) 4' 0" (122cm) to 4' 5" (135cm) f) 4' 6" (137cm) to 4' 11" (150cm) g) 5' 0" (152cm) to 5' 5" (165cm) h) 5' 6" (168cm) to 5' 11" (180cm) i) 6' 0" (183cm) to 6' 5" (196cm) j) 6' 6" (198cm) to 6' 11" (211cm) k) 7' 0" (213cm) or more
Q4.	What approximate weight were they?	
A4.	<input type="checkbox"/>	a) Unknown b) Less than 6 stone (38kg) c) 6 stone (38kg) to 7 stone (44kg) d) 7 stone (44kg) to 8 stone (51kg) e) 8 stone (51kg) to 9 stone (57kg) f) 9 stone (57kg) to 10 stone (64kg) g) 10 stone (64kg) to 11 stone (70kg) h) 11 stone (70kg) to 12 stone (76kg) i) 12 stone (76kg) to 13 stone (83kg) j) 13 stone (83kg) to 14 stone (89kg) k) 15 stone (89kg) to 16 stone (102kg) l) 16 stone (102kg) or more
Q5.	Were they wearing a helmet?	
A5.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Q6. *	Was the passenger injured?	
A6.	<input type="radio"/> Yes <input type="radio"/> No	<input type="button" value="⇒"/> Page 13 <input type="button" value="⇒"/> Page 14

Page 13	
Q1.	Can you describe in detail the sequence of events of how the passenger fell and came into contact with the object/vehicle and the ground.
A1.	<input type="text"/>
Q2.	Did they have any direct head impact?
A2.	<input type="radio"/> Yes <input type="radio"/> No If yes, with what? please describe <input type="text"/>
Q3.	Injuries sustained to the head
A3.	<input type="checkbox"/> Concussion

	<input type="checkbox"/> Bruising <input type="checkbox"/> Cuts <input type="checkbox"/> Fracture <input type="checkbox"/> None	
	Other injury? Please specify. <input type="text"/>	
Q4.	Injuries sustained to the neck	
A4.	<input type="checkbox"/> Whiplash <input type="checkbox"/> Bruising <input type="checkbox"/> Cuts <input type="checkbox"/> Fracture <input type="checkbox"/> None	
	Other injury? Please specify. <input type="text"/>	
Q5.	Injuries sustained to the torso	
A5.	<input type="checkbox"/> Bruising <input type="checkbox"/> Cuts <input type="checkbox"/> Rib fracture <input type="checkbox"/> Spine fracture <input type="checkbox"/> Organ damage <input type="checkbox"/> Internal bleeding <input type="checkbox"/> None	
	Other injury? Please specify. <input type="text"/>	
Q6.	Injuries sustained to the arms	
A6.	<input type="checkbox"/> Bruising <input type="checkbox"/> Cuts <input type="checkbox"/> Upper arm fracture <input type="checkbox"/> Lower arm fracture <input type="checkbox"/> Hand/wrist fracture <input type="checkbox"/> None	
	Other injury? Please specify. <input type="text"/>	
Q7.	Injuries sustained to the legs	
A7.	<input type="checkbox"/> Bruising <input type="checkbox"/> Cuts <input type="checkbox"/> Upper leg fracture <input type="checkbox"/> Lower leg fracture <input type="checkbox"/> Foot/ankle fracture <input type="checkbox"/> None	
	Other injury? Please specify. <input type="text"/>	
Q8.	Total time spent in hospital (including initial and follow up visits)?	
A8.	<input type="checkbox"/> Months <input type="checkbox"/> Days	1 to 30
Q9.	Did they have to take time out of work/school?	
	3. Work 4. School	
A9.	<input type="checkbox"/> Months <input type="checkbox"/> Days	1 to 30
Q10.	Were there any other physical, mental or financial consequences due to the collision?	
A10.	<input type="text"/>	
⇒ Page 14		

Q1.	<p>Please follow the instructions below to find the location of your collision:</p> <p>Click on this link: Google Maps and navigate to the exact location of your collision and click/hold your finger down on the location.</p> <p>App: Once you have selected the location, if you are using an the google maps app you will now see the latitude and longitude coordinate values in the search bar above. copy and paste these into the text box below.</p> <p>Browser: Once you have selected the location, if you are using an internet browser, simply copy and paste the url into the text box below.</p>	
A1.	<input type="text"/>	
Q2.	<p>Have you been involved in any of these 'near miss' incidents in the past 6 months? If so, how scary were they?</p> <p>Note: A 'near miss' is defined as an incident where no collision occurred, but there was a danger of one occurring</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>19. Pedestrian stepping out into your path</p> <p>20. A pothole or road debris in your path</p> <p>21. A left-turning vehicle driving across your path</p> <p>22. A vehicle pulling out of a driveway or entering at a junction across your path</p> <p>23. Another cyclist turning into your path</p> <p>24. A vehicle blocking the Advanced Stop Line at traffic lights intended for only cyclists</p> <p>25. A bus crossing your path to enter a bus stop in a shared bicycle and bus lane</p> <p>26. A stopped or parked vehicle in your path</p> <p>27. An occupant of a stopped or parked vehicle opening a door in your path</p> <p>28. A car passing you too closely</p> <p>29. A van passing you too closely</p> <p>30. A bus passing you too closely</p> <p>31. A goods vehicle passing you too closely</p> <p>32. A cyclist passing you too closely</p> <p>33. Bicycle wheel caught in Luas tracks</p> <p>34. Bicycle wheel sliding on Luas tracks</p> <p>35. Bicycle wheel slipping on manhole</p> <p>36. Bicycle wheel slipping on road markings</p> </div>	
A2.	 Yes/No	<p>c) Yes</p> <p>d) No</p>
	 How scary was it?	<p>d) Not at all scary</p> <p>e) Slightly scary</p> <p>f) Very scary</p>
	Other (please specify) <input type="text"/>	
Q3.	<p>How many other collisions have you been in since the 1st of January 2013? and how severe were your injuries?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>1. Collisions with no injuries</p> <p>2. Collisions with minor injuries (cuts/bruises - does not require an overnight stay in hospital)</p> <p>3. Collisions with serious injuries (any injury that does require an overnight stay in hospital)</p> </div>	
A3.	 Number of collisions	<p>a) 0</p> <p>b) 1</p> <p>c) 2</p> <p>d) 3</p> <p>e) 4</p> <p>f) 5</p> <p>g) 6</p> <p>h) 7</p> <p>i) 8</p> <p>j) 9</p> <p>k) 10</p> <p>l) 11</p>

		m) 12 n) 13 o) 14 p) 15 q) 16 r) 17 s) 18 t) 19 u) 20 v) more than 20
Q4.	Would you like to provide information on a another collision you were involved in while cycling on a road in the Republic of Ireland since January 1st 2013?	
A4.	<input type="radio"/> Yes	⇒ Page 5
	<input type="radio"/> No	⇒ Page 15
NOTE: On loops 2 and 3 Q2 and Q3 are removed, and on loop 4 Q4 is removed and the respondent enters page 15.		

Page 15	
Congratulations. You've made it! Thank you for taking part.	
Q1.	Please enter your email address below if you would like to be entered into the draw for a number of €100 one-for-all vouchers.
A1.	<input type="text"/>
Q2.	Please enter any comments on your survey responses or suggestions you feel are important to improving cycling safety in Ireland.
A2.	<input type="text"/>
Q3.	Would you be willing to be contacted by email for follow-up surveys? You would be contacted only for the purpose of this research into cyclist safety.
A3.	<input type="radio"/> Yes <input type="radio"/> No
Q4.	Would you use a mobile phone app to report collisions you have been in while cycling?
A4.	<input type="radio"/> Yes <input type="radio"/> No
⇒ END	